



House of Representatives

File No. 801

General Assembly

January Session, 2013

(Reprint of File No. 213)

Substitute House Bill No. 6368
As Amended by House Amendment
Schedule "A"

Approved by the Legislative Commissioner
May 13, 2013

AN ACT CONCERNING THE CHOICES HEALTH INSURANCE ASSISTANCE PROGRAM.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 17b-427 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective from passage*):

3 (a) As used in this section:

4 (1) "CHOICES" means Connecticut's programs for [health insurance
5 assistance, outreach, information and referral, counseling and
6 eligibility screening] Health insurance assistance, Outreach,
7 Information and referral, Counseling and Eligibility Screening;

8 (2) "CHOICES health insurance assistance program" means the
9 federally recognized state health insurance assistance program funded
10 pursuant to P.L. 101-508 and administered by the Department [of
11 Social Services] on Aging, in conjunction with the area agencies on
12 aging and the Center for Medicare Advocacy, that provides free
13 information and assistance related to health insurance issues and

14 concerns of older persons and other Medicare beneficiaries in
15 Connecticut; and

16 (3) "Medicare organization" means any corporate entity or other
17 organization or group that contracts with the federal Centers for
18 Medicare and Medicaid Services to serve as a Medicare health plan
19 organization to provide health care services to Medicare beneficiaries
20 in this state as an alternative to the traditional Medicare fee-for-service
21 plan.

22 (b) The Department [of Social Services] on Aging shall administer
23 the CHOICES health insurance assistance program, [which shall be] a
24 comprehensive Medicare advocacy program that provides assistance
25 to Connecticut residents who are Medicare beneficiaries.

26 (c) The program shall [:(1) Maintain a toll-free telephone number to
27 provide] provide: (1) Toll-free telephone access for consumers to
28 obtain advice and information on Medicare benefits, including
29 prescription drug benefits available through the Medicare Part D
30 program, the Medicare appeals process, health insurance matters
31 applicable to Medicare beneficiaries and long-term care options
32 available in the state at least five days per week during normal
33 business hours; (2) [provide] information, advice and representation,
34 where appropriate, concerning the Medicare appeals process, by a
35 qualified attorney or paralegal at least five days per week during
36 normal business hours; (3) [prepare and distribute written materials to]
37 information through appropriate means and format, including written
38 materials, to Medicare beneficiaries, their families, senior citizens and
39 organizations regarding Medicare benefits, including prescription
40 drug benefits available through the Medicare Part D program and
41 long-term care options available in the state; (4) [develop and
42 distribute a Connecticut Medicare consumers guide, after consultation
43 with the Insurance Commissioner and other organizations involved in
44 servicing, representing or advocating for Medicare beneficiaries, which
45 shall be available to any individual, upon request, and shall include:
46 (A) Information permitting beneficiaries to compare their options for

47 delivery of Medicare services; (B)] information concerning [the
48 Medicare plans [available to beneficiaries, including the traditional
49 Medicare fee-for-service plan, Medicare Part D plans and the benefits
50 and services available through each plan; (C)] and services, private
51 insurance policies and federal and state-funded programs that are
52 available to beneficiaries to supplement Medicare coverage; (5)
53 information permitting Medicare beneficiaries to compare and
54 evaluate their options for delivery of Medicare and supplemental
55 insurance services; (6) information concerning the procedure to appeal
56 a denial of care and the procedure to request an expedited appeal of a
57 denial of care; [(D) information concerning private insurance policies
58 and federal and state-funded programs that are available to
59 supplement Medicare coverage for beneficiaries; (E) a worksheet for
60 beneficiaries to use to evaluate the various plans, including Medicare
61 Part D programs; and (F)] and (7) any other information the program
62 or the Commissioner on Aging deems relevant to Medicare
63 beneficiaries. [; (5) collaborate with other state agencies and entities in
64 the development of consumer-oriented web sites that provide
65 information on Medicare plans, including Medicare Part D plans, and
66 long-term care options that are available in the state; and (6) include
67 any functions the department deems necessary to conform to federal
68 grant requirements.]

69 (d) The Commissioner on Aging may include any additional
70 functions necessary to conform to federal grant requirements.

71 [(c)] (e) The Insurance Commissioner, in cooperation with, or on
72 behalf of, the Commissioner [of Social Services] on Aging, may require
73 each Medicare organization to: (1) Annually submit to the
74 [commissioner] Insurance Commissioner any data, reports or
75 information relevant to plan beneficiaries; and (2) at any other times at
76 which changes occur, submit information to the [commissioner]
77 Insurance Commissioner concerning current benefits, services or costs
78 to plan beneficiaries. Such information may include information
79 required under section 38a-478c.

80 [(d)] (f) Each Medicare organization that fails to file the annual data,
81 reports or information requested pursuant to subsection [(c)] (e) of this
82 section shall pay a late fee of one hundred dollars per day for each day
83 from the due date of such data, reports or information to the date of
84 filing. Each Medicare organization that files incomplete annual data,
85 reports or information shall be so informed by the Insurance
86 Commissioner, shall be given a date by which to remedy such
87 incomplete filing and shall pay said late fee commencing from the new
88 due date.

89 [(e)] (g) Not later than June 1, 2001, and annually thereafter, the
90 Insurance Commissioner, in conjunction with the Healthcare
91 Advocate, shall submit a list, in accordance with the provisions of
92 section 11-4a, to the Governor and to the joint standing committees of
93 the General Assembly having cognizance of matters relating to aging,
94 human services and insurance, [and to the select committee of the
95 General Assembly having cognizance of matters relating to aging, a
96 list] of those Medicare organizations that have failed to file any data,
97 reports or information requested pursuant to subsection [(c)] (e) of this
98 section.

99 [(f)] (h) All hospitals, as defined in section 19a-490, which treat
100 persons covered by Medicare Part A shall: (1) Notify incoming patients
101 covered by Medicare of the availability of the services established
102 pursuant to subsection [(b)] (c) of this section, (2) post or cause to be
103 posted in a conspicuous place therein the toll-free number established
104 pursuant to subsection [(b)] (c) of this section, and (3) provide each
105 Medicare patient with the toll-free number and information on how to
106 access the CHOICES program.

107 (i) The Commissioner on Aging may adopt regulations, in
108 accordance with chapter 54, as necessary to implement the provisions
109 of this section.

110 Sec. 2. Section 17b-367 of the general statutes is repealed and the
111 following is substituted in lieu thereof (*Effective from passage*):

112 The Office of Policy and Management, within existing budgetary
 113 resources and in consultation with the [Select Committee on Aging]
 114 joint standing committees of the General Assembly having cognizance
 115 of matters relating to aging and human services, the Commission on
 116 Aging, personnel designated by the Commissioner [of Social Services]
 117 on Aging who administer the CHOICES health insurance assistance
 118 program and the Long-Term Care Advisory Council, shall develop
 119 and maintain a single consumer-oriented Internet web site that
 120 provides comprehensive information on long-term care options that
 121 are available in Connecticut. The web site shall also include direct links
 122 and referral information regarding long-term care resources, including
 123 private and nonprofit organizations offering advice, counseling and
 124 legal services.

125 Sec. 3. Section 17b-429 of the general statutes is repealed and the
 126 following is substituted in lieu thereof (*Effective from passage*):

127 The Commissioner [of Social Services] on Aging shall, within
 128 available appropriations, make information available to senior citizens
 129 and disabled persons concerning any pharmaceutical company's drug
 130 program for [indigent persons] Medicare beneficiaries by utilizing [the
 131 ConnPACE program,] the CHOICES health insurance assistance
 132 program, as [defined] described in section 17b-427, as amended by this
 133 act, and Infoline of Connecticut to deliver such information.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	17b-427
Sec. 2	<i>from passage</i>	17b-367
Sec. 3	<i>from passage</i>	17b-429

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

The bill makes administrative changes to the CHOICES program, which have no fiscal impact.

House "A" makes technical changes that do not result in a fiscal impact.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis**sHB 6368 (as amended by House "A")******AN ACT CONCERNING THE CHOICES HEALTH INSURANCE ASSISTANCE PROGRAM.*****SUMMARY:**

This bill makes minor and technical changes to the state's administration of the CHOICES program. The program, which primarily helps seniors with their health care choices, including purchasing Medicare supplements, is authorized by and funded under both federal and state law.

By law, the Department of Social Services (DSS) commissioner must, within available appropriations, deliver information to elders and individuals with disabilities concerning any pharmaceutical company's drug program for indigent people through the ConnPACE and CHOICES programs and Infoline of Connecticut. The bill instead (1) provides that the pharmaceutical company drug programs are for Medicare beneficiaries; (2) eliminates a reference to the ConnPACE program, which a different 2013 bill eliminates as of January 1, 2014 (see BACKGROUND); and (3) transfers this function from DSS to the new Department on Aging (which the law established on January 1, 2013). Since Medicare Part D offers drug assistance to Medicare beneficiaries, it is unclear what, if any, programs pharmaceutical companies offer to Medicare beneficiaries.

*House Amendment "A" adds the provision regarding pharmaceutical company programs for Medicare beneficiaries. It also makes several technical changes.

EFFECTIVE DATE: Upon passage

CHOICES PROGRAM

The bill:

1. transfers CHOICES' administration from the DSS to the Aging Department;
2. requires the program to provide consumers access to, instead of maintain, a toll-free telephone number for obtaining advice and information on Medicare benefits;
3. requires the program to provide information through appropriate means and format, instead of only through written material;
4. eliminates the requirement that the program develop and distribute a Medicare consumer's guide and make it available to anyone who requests it (the federal Medicare agency already publishes such a guide that is updated annually);
5. eliminates the requirement that the program provide a worksheet for consumers to use when comparing and evaluating Medicare plan options;
6. eliminates the requirement that the program collaborate with other state agencies and entities to develop consumer-oriented websites that provide information on Medicare plans and long-term care options (the Aging Department has a CHOICES website that appears to do this); and
7. permits the Aging Department, instead of requiring the program, to include any functions the agency deems necessary to conform to federal grant requirements.

The bill permits the aging commissioner to adopt regulations to implement these changes.

BACKGROUND

Related Bills

sSB 837 (File 110, as amended by Senate "A") also transfers administration of the CHOICES program from DSS to the Aging Department.

sHB 6367 (File 779), reported favorably by the Appropriations and Human Services committee, eliminates the ConnPACE program, which currently serves only individuals who are ineligible for Medicare, as of January 1, 2014.

COMMITTEE ACTION

Human Services Committee

Joint Favorable Substitute

Yea 18 Nay 0 (03/12/2013)